



**District of Columbia Health Information Exchange Policy Board**  
Meeting Minutes

November 14, 2012  
2:00 p.m. – 4:00 p.m.

**Members present (15):** Sharon Baskerville, David Bishop, Jamal Chappelle, Angela Diop, N.D., Victor Freeman, M.D., Douglas M. Garland, Jr., Julius W. Hobson, Jr., Brian R. Jacobs, M.D., Brenda King, R.N., Barry Lewis, M.D., Ariana Quinones, Machel Yingling Schraeder, Raymond Tu, M.D., Arturo Weldon, and Cleveland Woodson.

**Members absent (6):** Barbara Bazron, Ph.D., Bernie Galla, R.N., Marina Havan, Wayne McOwen, Robin C. Newton, M.D., and Robert B. Vowels, M.D.

**DC-HIE Staff present (2):** Alessandra Klug, Esq., Michael Tietjen, and Carmelita White

**Guests present – District Government (4):** Tina Curtis, Esq. (DHCF), Samuel Irabor (EOM/DMHHS) LaRah Payne, Sc.D. (DHCF) and Tony Pillai (OCTO).

**Guests present – Public (4):** Joyce Hunter (Vulcan Enterprises, LLP), Paul Shapin (MedStar), and Alan Watson (HIT Consultant).

TOPIC	DISCUSSION
Call to Order	Cleveland Woodson (Chair) called the meeting to order at 2:08pm. Carmelita White (Staff Assistant) recorded the minutes. A quorum of board members were present, and the meeting, having been duly convened, was ready to proceed with business.
Approval of Minutes	Mr. Woodson presented to the Board the minutes of the October 17, 2012, meeting of the Board for approval, whereupon a motion was duly made, seconded and unanimously adopted. The minutes were approved as presented. A copy of the minutes will be made available on the DC HIE webpage.
Approval of DC HIE HIPAA Privacy & DSM Privacy Policies	<p>The Board reviewed and made minor grammatical and syntactical corrections to the Introduction to the policy and procedure manual, and to each policy individually. There was extensive discussion regarding the policies and procedures before a motion was duly made, seconded and the Board unanimously made the following decisions:</p> <p>♦ DC-H-1 (Defined Terms) &amp; DC-H-2 (Workforce Members Confidentiality and Compliance). <i>{Approved}</i></p>

TOPIC	DISCUSSION
	<ul style="list-style-type: none"> <li>♦ DC-H-3 (Workforce Member Discipline). It was suggested that this policy be amended to include examples of minor HIPAA security violations such as a workforce member failing to protect information on a computer screen in an area that has high public access or not having screen saver time out software set to time out at a reasonable time (i.e., 5-10 minutes) of inactive use. Major examples of HIPAA security violations would be not having Continuity of Operations Plans (COOP) plans or Disaster Recovery Plans in place for bringing HIE/IT services back on line after a disaster or emergency event.</li> <li>♦ DC-H-4 (Breach and Security Incident Response Procedures). There was extensive discussion regarding DC-H-3 &amp; 4. Dr. Victor Freeman's suggestion was to include one line at the end of the chapter stating "please refer to appropriate policies" to remind them that they do exist in this arena. Sharon Baskerville suggested a timeframe for resolution of an issue. On page 15 of 95 under the section labeled <u>Response to Potential Breaches and Security Incidents</u>, the policy states the Incident Response Team (IRT) will promptly conduct an initial review of the facts within forty eight (48) hours of becoming aware of the incident. In section 4 (a) the policy states that the IRT will prepare a report of its findings within seventy two (72) hours of becoming aware of the potential Breach or Security Incident. The Board agreed to move on to the next policy. <i>{Approved with changes}</i></li> <li>♦ DC-H-5 (Business Associate Agreements). <i>{Approved}</i></li> <li>♦ DC-HP-1 (Uses and Disclosures of PHI). Ms. Baskerville suggested the policy state that Orion Health uses the highest level of encryption technology available. <i>{Approved with changes}</i></li> <li>♦ DC-HP-2 (Minimum Necessary Standard). <i>{Approved}</i></li> <li>♦ DC-HP-3 (De-Identification of PHI). Issue with using the word De-Identification. This policy is not applicable to Direct and the HIE in its current form and could be removed. <i>{Tabled}</i></li> <li>♦ DC-HP-4 (Access of Individuals to PHI), DC-HP-5 (Amendment of PHI), &amp; DC-HP-6 (Accounting Disclosures of PHI). <i>{Tabled}</i>. The rationale for these policies being tabled is that DC HIE is currently set up to serve the clinical provider community and not individuals.</li> <li>♦ DC-HP-7 (Assigned Privacy Responsibility). <i>{Approved}</i></li> <li>♦ HS-1 (Security Risk Management, Evaluation &amp; Updates). Tina Curtis commented that LaRah Payne is the Privacy and Security Officer for DHCF. Per Cleveland (and confirmed by LaRah), LaRah is not the Security Officer for DHCF. Cleveland's understanding is that a Security Officer is among the positions for which the DHCF CFO is currently recruiting. <i>{Approved}</i></li> <li>♦ HS-2 (Information System Activity Review) &amp; HS-3 (Assigned Security Responsibility). <i>{Approved}</i></li> <li>♦ HS-4 (Workforce Member Security). Toni Pillai expressed concern about network security. There</li> </ul>

TOPIC	DISCUSSION
	<p>appears to be an issue with the Contract. Cleveland stated that he will bring the specific contract language to the next Board meeting, and will forward a copy to the Board for review prior to that meeting. <i>{Approved}</i></p> <ul style="list-style-type: none"> <li>♦ HS-5 (Information Access Management) &amp; HS-6 (Suspension and Termination of Procedures). <i>{Approved}</i></li> <li>♦ HS-7 (Security Awareness Training). Board members expressed a need for clarity for definition of Workforce Members. The definition of workforce member on page 7 of 95 includes all persons who are under the control of DC HIE, including, but not limited to, employees, independent contractors, loaned personnel, interns, and temporary personnel who have access to the (Direct) network or any PHI derived from the network (Direct). <i>{Tabled}</i></li> <li>♦ HS-8 (Security Reminders). <i>{Approved}</i></li> <li>♦ HS-9 (Malicious Software). Issue with using anti-virus controls. Dr. Freeman stated that the policy should include language that “we are taking appropriate precautions, and we are encouraging you to do the same.” Cleveland will get further clarification from Orion Health on how it scans attachments, and will report back to the Board. Also, define “The Network.” <i>{Tabled}</i></li> <li>♦ HS-10 (Log-In monitoring and Automatic Log-Off). <i>{Approved}</i></li> <li>♦ HS-11 (Password Management). Cleveland will provide information regarding what is required when using passwords (i.e., minimum number of characters, etc.) <i>{Approved}</i></li> <li>♦ HS-12 (Contingency Plan). Changes will be made regarding DC HIE Technology Vendor. Also, Toni Pillai stated that under “Mitigation Measures” #1, line 3, clarity is needed where it states “damage to the Network is very low.” Per Cleveland, Tier 3 data center refers to redundancy. Tier 3 data centers have dual powered equipment and multiple uplinks and there are multiple identity checkpoints to prevent unauthorized access. Tier 3 data centers guarantee network availability or uptime at 99.982%. <i>{Approved with changes}</i></li> </ul> <p>Because time allotted to the Board meeting was close to expiring and the Board did not get an opportunity to deliberate, review and approve all the policies and procedures, Mr. Woodson requested the Board to review the remaining policies and procedures, and submit any comments/amendments by close of business on Wednesday, November 21, 2012.</p>
Review of Direct Marketing Materials &	Mr. Woodson stated that the DHCF Leadership Team reviewed the DC HIE Press Release, and would like to give the Board the opportunity to review and approve the document as well. Once the Board has

TOPIC	DISCUSSION
Strategies	<p>approved the press release, it will be submitted to DHCF’s Public Information Officer for distribution to media outlets. Dr. Freeman suggested that information regarding background or credentials of the technology vendor is included. Ms. Baskerville suggested that we include information regarding the funding source. “A motion was duly made, seconded and unanimously adopted with the suggested changes.</p> <p>Mr. Woodson reported that the DC HIE marketing vendor has forwarded email and fax blasts to approximately 800 – 900 providers. There was a “click through” rate of 2.4%. The industry standard is 3.3% for the health and wellness category. Click through is related to the amount of time an email recipient has a message open and infers whether an email is likely to have been read.</p> <p>Douglas Garland requested a copy of the actual message that was forwarded for the email and fax blasts. Mr. Woodson stated that he would forward a copy to the Board.</p> <p>Mr. Woodson announced that Dr. Woldu has given the DC HIE access to over 5,000 health care providers for the next email/fax blast.</p> <p>Mr. Woodson also discussed the idea of DC HIE partnering with DOH to offer a \$250 rebate to physicians who renew their professional license and register for and use Direct to send or receive five messages within sixty (60) days after having been issued Direct login credentials and instruction. Grant funding would be the source of the rebate. DC HIE’s project officer at ONC commented that such a strategy is a good use of grant funds and would help to encourage adoption of Direct. ONC’s grants management office must still approve the rebate program and operational details are still being worked out within DHCF.</p>
New Business; Reports	<p><b>Direct Secure Messaging Subscription Agreement:</b></p> <p>Mr. Woodson provided copies of the Direct Secure Messaging (DSM) Subscription Agreement and Identity Verification Forms to the clinical members of the Board to apply for a Direct account. The forms were completed by three (3) clinical board members, and a DHCF staff member notarized the documents.</p>

TOPIC	DISCUSSION
Next Board Meeting	December 19, 2012 from 2:00-4:00 pm.
Adjournment	Mr. Woodson adjourned the meeting at 4:00 p.m.

Approval of Minutes:

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Cleveland Woodson, Chair, DC HIE Policy Board

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Date